



Department of Community Affairs
Division of Codes and Standards
Bureau of Code Services
Office of Inspector Licensing
P.O. Box 816
Trenton, NJ 08625-0816

Form MDL-1

For Office Use ONLY

Date Rec'd: _____

Check #: _____

Amount: _____

LOG #: _____

License Application

NAME: _____ DATE OF BIRTH: _____
Last First MI Month/Day/Year

Social Security Number: _____ ****

Home Address _____
Street

City County State Zip Code

TELEPHONE _____ E-MAIL _____

Business Address _____

TELEPHONE _____ FAX _____

LICENSE(S) APPLIED FOR

INSPECTOR OF HOTELS & MULTIPLE DWELLINGS, TRAINEE []

INSPECTOR OF HOTELS & MULTIPLE DWELLINGS []

HOUSING CODE OFFICIAL

[]

(OVER)

1. Have you ever been convicted or fined or imprisoned, or placed on probation, or has any case been filed, or have you been ordered to deposit collateral for an alleged violation of any law or police regulation or ordinance, other than for traffic violations?

[] NO.

[] YES. If yes, please describe circumstances on a separate attached page.

2. Have you ever been indicted for any offense?

[] NO.

[] YES. If yes, please describe circumstances on a separate attached page.

3. Have you ever been discharged, or forced to resign, for misconduct or unsatisfactory service from any position?

[] NO.

[] YES. If yes, please describe circumstances on a separate attached page.

To the best of my knowledge the information contained in this application is complete and accurate. I am aware that if an investigation discloses willful misrepresentations, my application will be rejected. I also hereby authorize the release of any criminal history record information to the NJ Department of Community Affairs, Division of Codes and Standards, Bureau of Code Services, Licensing Unit for the sole purpose of determining my eligibility for licensure.

****PURSUANT TO THE PRIVACY ACT OF 1974 (P.L. 93-579), I REALIZE THAT DISCLOSURE OF MY SOCIAL SECURITY NUMBER IS **VOLUNTARY**. I ALSO REALIZE MY SOCIAL SECURITY NUMBER WILL BE USED BY THE NJ DEPARTMENT OF COMMUNITY AFFAIRS FOR THE PURPOSE OF FACILITATING THE SECURITY CHECK AUTHORIZED BY N.J.A.C.5:23-5.5 & 5.25. ANY INFORMATION RELEASED AS A RESULT OF THIS AUTHORIZATION, INCLUDING THE FURNISHING OF MY SOCIAL SECURITY NUMBER, SHALL BE USED ONLY FOR THE EXPRESS PURPOSE OF PROCESSING THE ABOVE INDICATED APPLICATION. ****

DATE _____ Signature of Applicant _____

Notary's Signature _____

DATE _____

Notary's Address _____

Notary Seal:

ALL STATEMENTS ARE SUBJECT TO INVESTIGATION AND VERIFICATION. FALSIFICATION OR MISSTATEMENT OF ANY MATERIAL FACT WILL BE CAUSE FOR REJECTION. FAILURE OF THE APPLICANT TO FURNISH ALL INFORMATION AND RECORDS REQUESTED MAY RESULT IN REJECTION OF THE APPLICATION.